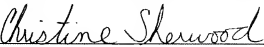


**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE  
AMENDMENT TRANSMITTAL LETTER**

*I hereby certify that this correspondence is being electronically filed with the United States Patent and Trademark Office on August 4, 2008 at or before 11:59 p.m. Pacific Time under the Rules of 37 CFR § 1.8.*

  
Christine Sherwood

Applicant : Biedermann, Lutz  
Application No. : 10/660,452  
Filed : September 11, 2003  
Title : INVERTEBRAL DISK PROSTHESIS

Confirmation No. 4918

Grp./Div. : 3738  
Examiner : David H. Willse

Docket No. : 58779/B884

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Post Office Box 7068  
Pasadena, CA 91109-7068  
August 4, 2008

Commissioner:

Enclosed is an amendment to the above-identified application.

| CLAIMS AS AMENDED  |   |                               |                           |                      |                      |     |
|--|---|-------------------------------|---------------------------|----------------------|----------------------|-----|
|  | Claims<br>Remaining<br>After<br>Amendment | Highest<br>Number<br>Paid For | Number<br>Extra<br>Claims | Small Entity<br>Rate | Large Entity<br>Rate | FEE |
| Total Claims Fee   | 9   | *27+16                        | 0                         | x \$25.00            | x \$50.00            | 0   |
| Independent Claims   | 2   | ** 4                          | 0                         | x \$105.00           | x \$210.00           | 0   |
| Multiple Dependent<br>Claims ***   |   |                               |                           | \$185.00             | \$370.00             |     |
| TOTAL FILING<br>FEE  |   |                               |                           |                      |                      | 0   |
| NO ADDITIONAL<br>FEE REQUIRED  | IF NO FEE REQUIRED, INSERT "0"            |                               |                           |                      |                      | 0   |
| LIST INDEPENDENT CLAIMS: 7 and 15  |   |                               |                           |                      |                      |     |
| * IF HIGHEST NUMBER PREVIOUSLY PAID FOR IS 20 OR LESS, WRITE "20" IN COLUMN 3<br>** IF HIGHEST NUMBER PREVIOUSLY PAID FOR IS 3 OR LESS, WRITE "3" IN COLUMN 3<br>*** PAY THIS FEE ONLY WHEN MULTIPLE DEPENDENT CLAIMS ARE ADDED FOR THE FIRST TIME |   |                               |                           |                      |                      |     |

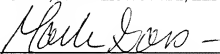
**Amendment Transmittal Letter**  
**Application No. 10/660,452**

\_\_\_\_\_ Attached is our check for \$ to pay the fees calculated above.  
\_\_\_\_\_ A Petition for Extension of Time and the required fee are enclosed.  
\_\_\_\_\_ Other enclosures:

The Commissioner is hereby authorized to charge any fees under 37 CFR 1.16 and 1.17 which may be required by or to give effect to this paper to Deposit Account No. 03-1728. Please show our docket number with any charge or credit to our Deposit Account.

Respectfully submitted,

CHRISTIE, PARKER & HALE, LLP

By  \_\_\_\_\_  
Mark Garscia  
Reg. No. 31,953  
626/795-9900

MEG/cks